

# **Retrospect and Prospect: What are the future possibilities in the Care Act (2014) for older parent-carers of adults with learning disabilities? A discussion Paper.**

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**Key words:** Social Care, Carers, legislation, learning disabilities, Guidelines

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*Submitted for Publication – 14 October 2016*

*Accepted for publication – 3 November 2016*

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## **Introduction**

The Care Act 2014 arrived with much promise and potential for optimism with politicians proclaiming it “*The most significant reform of care and support for 60 years.*” (Lamb, 2014). Previous legislation relating to care and support for adults had been described as “opaque, complex and outdated”, stretching back to 1948 and spanning 30 different pieces of statute. It was seen as confusing for both those in receipt of support and those professionals navigating the terrain (Department of Health, 2012). For these reasons the Law Commission undertook a three-year review of adult social care legislation involving extensive consultation with a range of stakeholder groups. Following the consultation, broadly perceived as positive and with a broad consensus apparent for the proposals (Brindle 2014), the Care Bill was introduced into Parliament. The consultation process led to a number of recommendations being considered by a joint committee of MPs and Peers, with 107 recommendations for amendments being adopted. On 14<sup>th</sup> May 2014, the Care Act received royal assent. Subsequently, Norman Lamb stated “*The Care Act has created a single, modern law that makes it clear what kind of care people should expect*” (Lamb, 2014). Given the somewhat convoluted landscape preceding the introduction of this ‘simplified’ legal framework, it perhaps comes as no surprise to see the potential for a more streamlined, effective and

efficient system of care, offering ease of access to all.

The Care Act 2014 aims to provide a framework within which personalized care can be conceived of as being realistic and practical (Department of Health 2014a). However, whether this will have traction when set against the backdrop of austerity and increasing demands on service providers (Asenova, Bailey and McCann 2015; Banks 2014; Cunningham and James 2014; McKay 2014), only time will tell, and it is in this context that this paper considers the potentials of the 2014 Act both in retrospect, by drawing comparisons with extant provisions under the previous raft of legislative provision, and in prospect, by analyzing these new provisions, using earlier research by one of the authors into the support needs of older adults caring for a relative with a learning disability as a reference point for consideration and subsequent analysis (Gant, 2010).

Building on this previous research and the practice background of both authors, this paper aims to identify and then explore potential new opportunities and possible challenges brought about by the introduction of the Care Act 2014 for older parent-carers of adults with learning disabilities. By considering some of the themes that had emerged in this earlier research, set

within the then current legislative and political landscape (2006), this paper aims to provide a retrospective and prospective analysis of the legal and policy context within which service delivery to this group takes place, such as to orient thinking regarding the role and function of law and policy in relation to the delivery of services to this and, potentially, other carer-groupings. Plans for future research to develop further these areas will also be discussed.

### **Older parent-carers of adults with learning disabilities**

The life expectancy of people with learning disabilities in England, although still lower than that of the general population, has increased considerably (Emerson and Hatton, 2008). The average age of death for people with learning disabilities has increased by four years since 2008 (Public Health England, 2013), making this generation of adults the first to survive into old age in considerable numbers (Walker and Ward, 2013). Clearly, there are service implications arising from this change in the demographic. In addition, the majority of people with learning disabilities live with their families, usually their parents (Walker and Ward, 2013), many of whom are themselves now older adults (Emerson and Hatton, 2008; Gant, 2010), and often unknown to services. Research has shown (Milne and Larkin, 2015) that in general, older adults are increasingly involved in providing care for friends and relatives, and for parents of adults with learning disabilities, this is a scenario that has occurred for decades, with practical, physical, emotional and financial implications. It is therefore not a new phenomenon, although it may be a hidden one. Research highlights that many carers, in whatever capacity, continue to feel invisible and ignored without due recognition for the important role they perform for their family and for wider society (Weeks et al 2009; Bibby, 2012; Cairns, 2012). Older family and parent-carers tend to have the 'heaviest' caring responsibilities in terms of the length of time spent caring and the nature of the caring role (Help the Aged/Tizard Centre, 2001).

Earlier research by one of the authors (2006-2008) explored the needs of older carers of those adults with a learning disability. That particular study was set within a legislative and policy

context that included the Carers (Recognition and Services) Act 1995, the National Health Service and Community Care Act (1990) and the policies of the then Labour Government, specifically in relation to this topic, Valuing People (2001). The 2006 research employed in-depth qualitative interviews, drawing upon parent-carers' 'personal stories' (Graham, 1993) in order to understand the factors that influenced and impacted upon their caring experiences and to consider the role of law and policy within this. The findings identified several themes, of which three: feelings of responsibility, assessment of needs and reciprocity of care, are discussed below. This paper will position these retrospectively to act as a point of reference against which to consider whether the nascent provisions within the 2014 Act are likely to enhance or diminish the importance of these issues for a correspondingly similar cohort soon to be reported on, and whether other themes are more or less likely to emerge under the aegis of current legal and policy frameworks.

### **Themes in retrospect**

#### *1. Responsibility*

The first theme to emerge from the earlier research was identified as 'responsibility' or 'being responsible for.' Defining responsibility as the fact of having a duty to deal with something, or of having control over someone is highly pertinent here. When older parent-carers of adults with learning disabilities talked of caring, it was more in terms of 'being responsible' and less to do with practical tasks for their offspring. Although older parent-carers have always had a sense of responsibility for their children (as do most parents), this became more pronounced during their son's or daughter's late teens and at periods of significant transition. Older parent-carers' perceptions of the nature of the level of responsibility brought about by reference to their child's disability stemmed from the first moment they were told, or the point at which they discovered their son or daughter had a learning disability. The enduring nature of this level of felt responsibility should not be underestimated and yet it is difficult to quantify. The earlier research found that some parent-carers made reference to there being little difference between the level of responsibility and care provided for their son or daughter with a

learning disability and their non-disabled siblings during childhood and adolescence. That said however, several of the participants verbalized how the sense of 'being responsible for' is heightened and continuous – particularly as what might be regarded as socially-normative transitions or *rites of passage* were seen as being inapplicable to their children (Gant, 2016).

Many parents felt strongly that the care of their child was their responsibility and theirs alone; thus, parent-carers became accustomed to managing their lives as care-givers (in contrast to the professionally-constructed category of 'carer') by being creative with family or friends' support as this was available. Few made reference to support from external agencies or to themselves as being a 'carer' such that one participant stated:

*'I'm not a carer; they're the ones what get paid-I'm just his Mum, or his slave if you like.'*

There are obvious implications for services aimed at carers, particularly if the people for whom such were designed and targeted did not consider themselves as part of that group. For example, where 'formal' or agency-generated information about assessments and the rights of carers for support were made available, these were less likely to be accessed because of the perceptual disparity experienced by these parent-carers in relation to formalised categorisations of what constituted 'being a carer'.

Lifelong care-giving appeared to have a negative impact on areas such as employment opportunities, savings, pensions and property ownership, all of which were tangible. The impact of the ongoing sense of responsibility was often made less visible, even though it was more enduring, and that it often increased as parent-carers aged and (in many instances) became the sole carer for their son or daughter with a learning disability was testament to their outward-facing capacity for resilience. The sense of responsibility older parent-carers had towards their offspring, coupled with the lack of information regarding support and other services led to a palpable sense of isolation and marginalization with an associated unwillingness

to make future plans (Gilbert, Lankshear and Petersen, 2008).

## 2. *Assessment of Needs*

Earlier findings reflected the extant discourse within the literature at the time, highlighting that many service users and carers did not have an assessment of need undertaken as a matter of course (Walker and Walker, 1998; Williams and Robinson, 2001). The current literature notes that older parent-carers are (still, and were) more likely to be 'invisible' (Larkin and Milne, 2014), only coming to the attention of professional services at times of crisis. For many older parent-carers, an assessment of their child's needs, and by extension, their own at such times, was the first contact they had had with and from the social care system. The difficulties that arose at such times of crisis because of parent-carer illness or hospitalization often led to an enforced inability to continue to provide care, and the feelings this generated cannot be underestimated.

For those older parent-carers who did receive an assessment of need in their own right, this was provided under the aegis the 1995 Carers Act which gave 'regular and substantial' family carers a right to an assessment of their own needs at a time when the person for whom they cared for were the subject of a community care assessment. This was extended by the Carers and Disabled Children's Act (2000). This provision was promised in the Carers Strategy (Department of Health 1999) and made some important changes to assessment arrangements and the availability of services for all carers, including of course, parent-carers. The 2000 Act gave carers the right to ask for an assessment of their own needs in order to help them to continue to care for their child, irrespective of whether the person they were caring for had had or was having their own needs assessment. The assessment was available to any carer who provided or intended to provide regular and substantial care, although this phrase was never clearly defined. The emphasis on 'counting hours' spent in the caring role diminished the actual impact felt regarding the longevity of care required of parent-carers. It was not the number of hours the parent-carer spent caring for their offspring that created the sense of responsibility and associated worries and concerns and the enhanced potential for

detriment to *their* wellbeing that was uppermost in their minds. Rather, it was the enduring, and at times overwhelming knowledge that the cared for person was solely reliant (in many instances) upon the parent-carer. That created for some an almost unbearable responsibility.

The Carers and Disabled Children's Act (2000) was then extended by the Carers Equal Opportunities Act (2004) which placed a duty on social services departments to inform carers of their right to an assessment. When any assessment identified 'need' in the earlier research, it was the Fair Access to Care Services (FACS) system that was referred to. Local Authorities determined the levelness of an individual's need within this framework along a scale comprising 'low', 'moderate', 'substantial' and 'critical'. Many Local Authorities signposted individuals in need to non-statutory organisations unless they had a 'substantial' or 'critical' need. There were regional variations from authority to authority and the system was felt to be quite subjective in terms of its application (Fernandez and Snell, 2012; Newton and Browne, 2008). In addition, there were changes to the thresholds within the period of the research where individuals suddenly became ineligible for assessment services. It could be argued that Local Authorities developed and implemented their FACS policies as a key mechanism for rationing and controlling the demands on limited resources. Whether the implementation of the Care Act 2014 will change such practices will be considered below.

### 3. *Reciprocal Care*

Literature drawn on for the earlier research in 2006 highlighted a clear and distinct interdependence between adults with learning disabilities and their older parent-carers (Grant, 1986; Parker and Clarke, 2002; Prosser, 1997; Walker and Walker, 1998; Williams and Robinson, 2001). That people with learning disabilities frequently assumed a caring role for their ageing parents was at the time seldom recognised by policy-makers (Foundation for People with Learning Disabilities, 2002; Williams and Robinson, 2001), and yet this was a clear theme within the earlier research interviews, with interdependence frequently evident as an established feature within the

families who participated. Walker and Walker (1998) had earlier found that one of the most significant factors in older parent-carer families was the mutually dependent nature of the relationship that existed between the adult with a learning disability and their older parent. Heller et al (1997) carried out research concentrating on support provided by the son or daughter with a learning disability when co-resident with an older parent. Heller's results showed that the most frequent type of support provided was 'keeping company', followed by helping with chores, sharing mutually enjoyable activities, and providing emotional support for their parent. They also noted that a level of satisfaction was derived from this mutuality of care-giving. Parental burden was lower when older parent-carers perceived their son or daughter as providing support to them. Such reciprocity of care took on a more significant role as the parent-carer became older. In the earlier research, this interdependence took many forms, not least practical and physical - for example, hanging out washing and emptying bins. Emotional support, for example keeping the older parent company and providing companionship, was mentioned as a key feature of the relationship by most of the parent-carer respondents. Issues regarding reciprocity between older parent-carers and their child(ren) with a learning disability is an under-researched area.

In addition to the physical, emotional and practical elements of reciprocal care, there was a clear economic element apparent during the earlier research. Financial *interdependence* was a feature of many of the situations studied. The various benefits people received - for example, the disability living allowance paid to the adult with a learning disability had often become an intrinsic part of the general household income and was often found to be impossible to separate out from this. This had implications for all concerned, particularly when the adult with the learning disability moved on, as parent-carers often felt dependent on the joint income, in some instances to the extent that without it, they would not survive financially.

Changes that affect one family member had an impact on others. The scenario of parent-care-giver and adult care-recipient is not mutually

exclusive. As Glendinning and Fine (2005) have suggested, care is not a situation where an active care-giver performs an activity on a passive and dependent recipient. The majority of people involved in the earlier research project appeared to adopt both care-giving and care-receiving roles. This was reflected in the literature of the time (Grant, 1986; Magrill, 1997; Parker and Clarke, 2002; Walker and Walker, 1998), and as such it is important to recognise that the needs of all parties in the relationship must be taken into account when planning for the future. The issue of reciprocity within the nexus of the family structure had the potential to be easily overlooked, particularly given the interlocking nature of other issues referred to here. It should be noted that the clear presence of reciprocity of care within the broader family relationship often denoted one of the most sizable barriers to planning for the future as the components inherent within it were not reducible to their elemental parts – the whole was clearly greater than the sum of its parts (Bowey and McGlaughlin, 2007).

### **Themes in prospect**

#### **1. Responsibility**

The future under the Care Act 2014 may have resonance here. There is a concern here that as we see personalisation and the trajectory of choice and control quicken and persist there is potential for older parent-carers to feel increasing pressures of additional ‘perceived’ responsibilities. Whilst there is no legal duty to care for adult relatives, a strong sense of parental responsibility may persist. Whilst for many users of services and their carers this increase in choice and ability to self-direct services may bring opportunity, for older parent-carers of adults with learning disabilities reporting such a deep sense of responsibility, negative aspects could be exacerbated. In their research exploring experiences of caring, Manthorpe et al (2012) highlighted that whilst there were gains connected to personalisation and personal budgets such as consistency of support worker there were also more burdensome aspects including the time and effort taken with associated bureaucracy. If personalisation is to positively impact upon older carers of adults with learning disabilities then attention should be paid to reduction, where possible in such areas of

responsibility and this may vary from authority to authority in terms of the services provided to support people.

The Care Act 2014 places carers on an equal footing with those they are caring for (see for example section 2 Prevention, section 12 Assessment Regulations, section 25 Care and Support Plans, section 27 Review of Support Plans, section 67-8 Independent Advocacy Support and Section 13 Eligibility), and establishes a legal obligation to meet carers’ needs in a similar way to those for whom they care by way of a separate assessment. A move away from assessing the number of hours a carer spends caring towards the more holistic approach offered by the Well-being Principle might better take account of the extent to which the carer experiences their responsibilities. As highlighted earlier, research suggests that it is not the number of hours a carer spends caring that creates the sense of responsibility and associated potential detriment for the carer, but rather the knowledge that the cared for person is reliant upon the carer. With the Care Act stating “*the importance of beginning with the assumption that an individual is best placed to judge the individual’s well-being*” (DH, 2014b), p9), practitioners will have the scope to focus more on the individual and their experience of caring in terms of its impact on their life more holistically as opposed to the number of hours they are caring for.

Gathering such information from the carer and developing a meaningful understanding of what wellbeing means to them is likely to depend upon the development of a trusting relationship between social worker and carer. Whilst acknowledging the wellbeing of the carer is suggestive of an appreciation that could have a positive impact on the relationship between carer and the local authority assessing, previous policy has sought but arguably failed in recognising their need to live full lives (Caring for our Future, HM Government, 2012) and faced limitations in practice (Manthorpe Moriarty and Cornes, 2012). Recent practice experience informs the writers that there is a continued lack of trust characterising some relationships between older parent-carers of adults with learning disabilities and the Local Authority. Bibby (2012) identifies that change in the sector itself is a contributing

factor with many older parent-carers having lived through such change (including closures of institutions) and as a result understand that futures are indeed uncertain. Within this context one might predict a continued lack of trust of services which could threaten to reduce the potential gains made by promoting the status of carers within this legislation.

## 2. *Assessment of Needs*

The Care Act makes key changes to eligibility, introducing a minimum eligibility threshold across the country (section 13), preventing Local Authorities from tightening the criteria beyond this minimum threshold, in theory providing security that individuals do not become ineligible as a result of moving areas or, as has happened historically, a local authority increasing its eligibility threshold under FACS. Indeed between 2010-11 and 2011-12 Age UK report that there was an increase from 114 to 124 Local Authorities restricting care to those whose needs were assessed as 'Substantial' or 'Critical' (Age UK, 2012). Within this context one can see how carers might have experienced that *uncertain future* that has been previously reported.

In connection with this new minimum eligibility threshold within the Care Act there is the Duty and a Power to meet carers' needs (section 20). Although as already noted, carers have featured in legislation since the 1990s, the 2014 Act establishes a *legal obligation* to meet a carer's needs on a similar basis to those individuals who need care (the key condition of the entitlement is that they have assessed eligible needs for support and that the person for whom they care is ordinarily resident in the local area). The new eligibility threshold might be anticipated to be a more effective tool for social workers as opposed to trying to establish the level of criticality of an expressed need. A carer's eligibility is determined by satisfying the following:

- (a) the needs arise as a consequence of providing necessary care for an adult;
- (b) the effect of the carer's needs is that any of the circumstances specified in paragraph (2) apply to the carer; and
- (c) as a consequence of that fact there is, or is likely to be, a significant impact on the carer's well-being

(The Care and Support (Eligibility Criteria) Regulations 2014)

Whilst the concept of well-being is one with a degree of subjectivity, alongside the eligibility threshold it provides a greater breadth of opportunity for the assessing social worker to capture the individual carer's realities in terms of what is meaningful of them.

Historically carers were assessed differently to service users for whom they cared, and the writers recall that in recent years, an indication of a carer having been assessed may simply have been reduced to little more than ticking a box to satisfy 'carer assessed alongside service user'. Implications associated with this might be the reinforcement to the carer of their secondary importance when compared to the person they cared for or, worse still, being assessed at same time and in the same place as the cared-for thus resulting in potential inability and unwillingness to discuss the sensitive issue of the negative impact on one's life of caring.

As the Care Act places carers on an equal footing with the cared for individual, the social worker has the scope to complete a more detailed assessment in order to gather the information necessary to understand the situation and the impact on the carer's well-being. The Care Act 2014 highlights that it is important to look at a person's life, considering their needs and agreed outcomes in the context of their skills, ambitions and priorities - what this may mean for older carers of adults with learning disabilities is debatable. With the assessment process continuing to be one of the most important elements of the care and support system it remains essential that it is a collaborative process involving the person concerned. Whilst the Care Act directs that local authorities involve people in decisions made about them and their care and support, also recognizing that social workers may be committed to this approach, increasing pressures on social work departments and continued budget cuts cannot be ignored in terms of their impact on the success of this aspect of the legislation. Indeed in an Association Directors Adult Social Services and Local Government Association Joint response to the Care Act regulations and guidance in August 2014 concern

was raised as to the financial impact of carer assessments and associated services, reflecting wider concerns around the funding capacity to deliver change within the context of the 2014 Act. In its report 'Care Act first-phase reforms' the National Audit Office highlight this issue of increased demand as a consequence of the Care Act at a time when local authority provision is decreasing and also indicate a fall in carers assessments for over 65s (National Audit Office, June 2015) - it is within this context that one must judge the efficacy of the legislation and its impact.

A further challenge in the area of assessment is related to how it takes place and who undertakes it. The suggestion that self-assessment and telephone assessment are viable tools for some must not be used as a means to save resources. Older parent-carers of adults with learning disabilities have at times struggled to trust in service provision and conducting telephone assessments will do nothing to enhance this relationship with the local authority. Cautious judgement will need to be deployed when determining whether a telephone assessment is suitable and a concern might be connected to the availability of assessors to complete assessments face to face on account of service pressures. Similarly there are potential issues with regards to the assessor themselves. Although prior to the implementation of the Care Act many local authorities delegated the responsibility for undertaking Carer Assessments to organisations outside the Local Authority, they may now delegate almost all aspects of such functions (Gov.uk 2014). It may well be the case that in many circumstances relating to the assessment and planning for adults with learning disabilities and their older parent-carers, there are complex issues presenting which may require the input of an experienced social worker. How this is identified and what action is taken may differ from authority to authority.

The Care Act 2014 seeks to raise the profile and significance of carers with the person cared for on an equal footing and being based on the wellbeing principle one might argue that the issue of stress may be covered in emotional wellbeing. There is also an emphasis on relationship based practice which may well (in theory) improve the ways of

working and poor relationships of the past with carers vs social workers. Could a strengths based approach to assessment also theoretically support this area? Under the Care Act 2014 it appears that there is the potential for advocacy that may offset concerns over issues of challenging future service provision.

### 3. *Reciprocal Care*

Reciprocal care and mutual dependency are acknowledged in the Care Act within the Whole Family Approach,

*"The intention of the whole-family approach is for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or theories in their support networks."* (DH, 2014b) paragraph 6.65 Care and Support Statutory Guidance)

Mutual helping and co-dependency might be something to celebrate alongside the use of strengths-based assessment considering the holistic nature of well-being, and there is potential here to develop trust and faith in social work intervention if this can be communicated effectively to older parent-carers. It may also be possible to see positives of reciprocal care utilising Duffy's Seven Keys to Citizenship, more specifically around the areas of 'purpose' and 'help' (Centre for Welfare Reform). Furthermore, the complexities of significant relationships can now be acknowledged as they are reflected within the area of well-being 'maintaining family and other personal relationships' and therefore, if there is a significant detrimental impact upon this area of wellbeing, there is potential eligibility also.

Nevertheless there are issues with the Whole Family Approach highlighted by Clements (2015) such as the potential for 'rounding down' - a compromise of personal ambition in the stir of family complexities, so whilst there is a positive emphasis of seeing the family in its holistic sense, the practitioner will also have to balance the individual needs within this and practice experience informs the writers that what an individual's goals are within a family are not always aligned to that of the others within the household. Nevertheless, a practitioner may well be able, through utilising this approach, make

more efficient use of, for example, a combined personal budget of an older parent-carer and their adult son/daughter who has a learning disability and the freedom to do so should be seen as positive.

Emerson and Hatton (2008) forecast that growth in numbers of adults of 60 and over with Learning Disabilities could grow as much as 50 per cent by 2021 and given the estimate from the Learning Disability Coalition, although six out of every ten adults with Learning Disabilities live with their families who provide care, there continues to be huge growth in this demographic of older parent-carers and a continued relevance of this Whole-family Approach within the Care Act.

The promotion of the Whole-family Approach within the Act goes some way to recognise the significance of the family unit as a whole as opposed to seeing the service user and carer independently as well as any other family members for whom the carer has responsibilities or indeed the reciprocal care that is seen as individuals with Learning Disabilities living with older parent-carers. Personalised approaches and individual budgets can provide opportunities for pooling of resources to meet the needs of multiple people living within the family unit and the Whole Family Approach provide examples to explain how the approach can streamline delivery of care this (Whole-family Approach, 2015). Furthermore, there is recognition for carers within the eligibility outcomes of the Act that the impact of their caring role upon their responsibilities to care for children and maintain family and other personal relationships may well provide new opportunities for social workers to intervene positively and evidence need for provision.

### **Conclusion and recommendations**

This paper has sought to explore the potential within the Care Act 2014 to address the issues resulting from demographic changes and the continued (considerable) responsibility experienced by older parent-carers of adults with learning disabilities. Although the Care Act 2014 arrived with much promise and a clear acknowledgement of the significance of informal family carers, including older parent-carers and the vital role they play, rhetoric alone will not

suffice. Legislation and social policy has and continues to have an enormous impact on the way that 'care' and 'caregiving' are conceptualized by society in general and by social work practitioners in particular. By reflecting on previous provision and comparing it to the current situation it has been possible to see the emergence of themes that underpin the situation for older carers. The subjective nature of the definitions within legislation continue. The interpretation of law and policy, although ostensibly 'tightened up' by the Care Act, still remains with those applying it, although given the current level of reduced funding in Local Authorities, there is a tension for social work practitioners between the demands of their employer and their value base.

Funding issues and continued pressure on existing resources will continue to exert challenge on practitioners and older parent-carers alike. Public confidence in the new legislation has already been tested as a result of the delay in the implementation of the care cap, which was due to be effective from April 2016 and will now not arrive until 2020 sending a clear message regarding the available resources to ensure success of the Act.

With demand upon informal carers expected outstrip supply by 2017 (Karlsson et al, 2006), further research is required to support this group of older carers as well as social work practitioners and other relevant professionals to enable them to navigate the Care Act 2014 in order to fully exploit its potential benefits.

From this brief retrospective survey and prospective analysis, a number of key themes can be seen that would benefit from further inquiry and consideration. The more challenging themes relate to concerns regarding the development and maintenance of trust in both practitioners and the 'system' as a whole. Earlier research by Gant (2006) highlighted how carers past experiences of service provision severely compromised their capacity to maintain a sense of optimism and led to feelings of betrayal and of being let down. A possible counter to this are the opportunities for the development of relationship-based practices, usefully re-contextualised as now having a statutory/legal underpinning. This possibility



may also align itself constructively with the potentials for better assessment practice(s) leading to greater accuracy in identifying service and support needs with the concomitant benefits of better outcomes and higher levels of wellbeing.

The limits of some initiatives though may well become more apparent. There are limits to personalization, and that these need to be highlighted and critiqued where appropriate should perhaps be axiomatic. However, broader contextual determinants, currently epitomized by (all-embracing) conceptions of austerity may well be difficult at this point to critique because of this particularly powerful discourse. In this light, the likelihood of differential responses from different authorities and commissioned service

providers is perhaps greater, thus compounding for some continued uncertainties for the future.

Such themes as narrated here may well be seen as overstating the negatives: however that will be judged by history. In the same way though, seeing the opportunities within the 2014 Act as an opportunity to value the caring role and to see reciprocal care as a celebration of the positivity inherent within many family relationships should themselves be taken to reflect some of the potential fundamental within this new legislative landscape. These are potentials that, if taken seriously, and considered (as they should be) as the appropriate State (collective) response to the needs of its citizens, could see carers being valued in a way previously only hoped-for.

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